

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003153

STATE FILE NUMBER

AMENDED

Registration District No. 280

Primary Registration District No. \_\_\_\_\_

Registrar's No. 14

FILED FEB 15 1962

## 1. PLACE OF DEATH

a. COUNTY Platte

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Platte City

Length of stay in 1b

6 Months

c. CITY

OR TOWN Platte City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If not in hospital, give location)

HOSPITAL OR INSTITUTION Home In Platte City

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS None

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Egbert

Middle

Ora

Last

Macomber

4. DATE

Month

Day

Year

OF DEATH

Feb. 10,1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-17-190556

## 9. AGE (last birthday)

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Meat Cutter

## 10b. KIND OF BUSINESS OR INDUSTRY

Grocery Store

## 11. BIRTHPLACE (City and state or country)

Holton, Kansas

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Ora Macomber

## 13b. MOTHER'S MAIDEN NAME

Alice Strowig

## 14. NAME OF HUSBAND OR WIFE

Edna Eberly

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

James Macomber Winchester, Kansas

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL HEMORRHAGE

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at APPROX. 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

2-10-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Holton Cemetery

## 23d. LOCATION (City, town, or county)

Holton, Kansas

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Tommy R. Rollins Platte City, Mo.

## 25. DATE RECD. BY LOCAL REG.

Feb. 10, 1962

## 26. REGISTRAR'S SIGNATURE

Gphia Rollins

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 4 1962

MAY 9 1962

FEB 26 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Larry R. Rollins  
Licensed Embalmer No. 5110

P. O. Address Platte City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.